

Stakeholder Survey Introduction

In March 2014, the Centers for Medicare and Medicaid Services (the federal government) introduced a rule requiring states to separate case management from the delivery of services to reduce conflict of interest for home and community based services. This rule addressed conflicts that can arise when **one** provider is responsible for performing **both** case management and delivering direct services (for example, day program, personal care, group home, respite). In the survey questions, we will use the term “**conflict-free case management**” to refer to the need for individuals to work with **different** providers for case management and direct services.

The Colorado Department of Health Care Policy and Financing (Medicaid) is releasing this survey to ask individuals who receive Medicaid home and community based services about their experiences related to the change to conflict-free case management. For any questions indicating deficiencies, you will have the opportunity to provide additional information.

We understand that a family member, guardian, friend, or advocate may be completing this survey on behalf of an individual receiving home and community based services.

General Identifier

1. Select the following stakeholder that best describes the individual addressing this survey.
 - a. Individual receiving services
 - b. Guardian
 - c. Family
 - d. Advocate
 - e. Other*

* If other, please add a text box for the individual to describe their role.

If Advocate or Other, the survey will only populate with the sections identified by “[Section Name] – Advocate or Other.”

Identifier Information

1. Select your county of residence.
2. Select the Home and Community Based Services waiver programs that provide the services you receive.
3. Identify the Home and Community Based Services that you currently or plan to receive soon (i.e., in the next 12 months or less)

Identifier Information – Advocate or Other

1. Select the county of residence of the individual receiving services.
2. Select the Home and Community Based Services waiver programs that provide the services the individual you represent receives.
3. Identify the Home and Community Based Services that the individual currently or plans to receive soon (i.e., in the next 12 months or less)

General – Advocate or Other

1. I understand that individuals will not be able to receive their case management and home and community-based services from the same agency. This is known as “conflict-free case management.”
 - a. Yes
 - b. No
 - c. N/A

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2. I have been provided information about service providers' or agencies' efforts to follow the rules of conflict-free case management.
 - a. Yes
 - b. No
 - c. N/A
3. The Colorado Department of Health Care Policy & Financing (Medicaid) has sent me information about the need for service providers to follow the rules of conflict-free case management.
 - a. Yes
 - b. No
 - c. N/A
4. I know that the Colorado Department of Health Care Policy & Financing (Medicaid) will address my questions or concerns about conflict-free case management
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
5. I know that service providers will address my questions or concerns about conflict-free case management.
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
6. I receive the guidance and support I need regarding the change to conflict-free case management.
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
7. What specific concerns do you have regarding the change to conflict-free case management?
8. What specific suggestions do you have for the Colorado Department of Health Care Policy & Financing (Medicaid) to assist you as we move to conflict-free case management?

General

1. I understand that individuals who provide case management services to me or my family member can no longer work for the same agency as the individuals who provide direct services. This is known as "conflict-free case management."
 - a. Yes
 - b. No
 - c. N/A
2. My service provider or agency has provided information about their efforts to follow the rules of conflict-free case management.
 - a. Yes
 - b. No

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- c. N/A
- 3. The Colorado Department of Health Care Policy & Financing (Medicaid) has sent me information about the need for service providers to follow the rules of conflict-free case management.
 - a. Yes
 - b. No
 - c. N/A
- 4. I know that the Colorado Department of Health Care Policy & Financing (Medicaid) will address my questions or concerns about conflict-free case management
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
- 5. I know that my service provider will address my questions or concerns about conflict-free case management.
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
- 6. I receive the guidance and support I need from my service provider regarding the change to conflict-free case management.
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
- 7. What specific concerns do you have regarding the change to conflict-free case management?
- 8. What specific suggestions do you have for the Colorado Department of Health Care Policy & Financing (Medicaid) to assist you as we move to conflict-free case management?

Quality / Continuation of Care – Advocate or Other

- 1. In 2018, did you assist an individual in choosing a new case manager to help manage their services?
 - a. Yes
 - b. No
 - c. N/A
- 2. In 2018, did you have trouble finding a case manager to help manage an individual's services.
 - a. Yes
 - b. No
 - c. N/A
- 3. In 2018, did you help choose a new agency or provider to provide an individual with home and community based services (direct services)?
 - a. Yes
 - b. No
 - c. N/A

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4. In 2018, did you have trouble with finding an agency or provider to provide an individual with your home and community based services (direct services)?
 - a. Yes
 - b. No
 - c. N/A
5. In 2018, have service options decreased or been removed due to case management related changes?
 - a. Yes
 - b. No
 - c. N/A
6. In 2018, has the quality of care or services that individuals receive remained consistent and not changed even if their case manager has changed?
 - a. Yes
 - b. No
 - c. N/A
7. Do you know who to reach out to if you have problems or concerns with care being delivered to individuals?
 - a. Yes
 - b. No
 - c. N/A
8. Has your agency notified you about service provider changes that were because of new conflict-free case management rules?
 - a. Yes
 - b. No
 - c. N/A

Quality / Continuation of Care

1. In 2018, did you choose a new case manager to help you manage your services?
 - a. Yes
 - b. No
 - c. N/A
2. In 2018, did you have trouble with finding a case manager to help you manage your services.
 - a. Yes
 - b. No
 - c. N/A
3. In 2018, did you choose a new agency or provider to provide you with your home and community based services (direct services)?
 - a. Yes
 - b. No
 - c. N/A
4. In 2018, did you have trouble with finding an agency or provider to provide you with your home and community based services (direct services)?
 - a. Yes
 - b. No
 - c. N/A
5. In 2018, have your service options decreased or been removed due to case management related changes?
 - a. Yes
 - b. No
 - c. N/A

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6. In 2018, has the quality of care or services that you received remained consistent and not changed even if your case manager has changed?
 - a. Yes
 - b. No
 - c. N/A
7. Do you know who to reach out to if you have problems or concerns with the care you are receiving?
 - a. Yes
 - b. No
 - c. N/A
8. Has your agency notified you about service provider changes that were because of new conflict-free case management rules?
 - a. Yes
 - b. No
 - c. N/A

Choosing Providers/Case Managers – Advocate or Other

1. Based on your experience, are providers or agencies providing options to individuals so that they can receive services from a different provider or agency?
 - a. Yes
 - b. No
 - c. N/A
2. Individuals should have the option to change case managers every year or more frequently.
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
3. Individuals have enough information to help me choose a service provider or a case manager.
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A

Choosing Providers/Case Managers

1. Has your provider or agency given you options to receive services from a different provider or agency?
 - a. Yes
 - b. No
 - c. N/A
2. I would like the option to change case managers every year or more frequently.
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A

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3. I have enough information to help me choose a service provider or a case manager.
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A

Final

1. Would you like to receive additional information regarding conflict-free case management from Colorado Medicaid?
 - a. Yes
 - b. No

If “Yes”, go to Question 2. If “No”, go to Question 3.

2. Please provide your preferred method of contact (e.g. telephone, email, mail) to receive information regarding conflict-free case management from Colorado Medicaid.
3. Please provide any additional comments you may have regarding change to conflict-free case management that you would like to submit to the Colorado Department of Health Care Policy & Financing (Medicaid).